

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health

cc: J. McCarthy
B J Wolf
3/28/07

MAR 16 2007

Mr. Robert T. Maruca
Senior Deputy Director
Department of Health
Medical Assistance Administration
825 North Capitol Street, N.E.
Suite 5135
Washington, D.C. 20002

Dear Mr. Maruca:

We have reviewed State Plan Amendment (SPA) 07-02, which expands coverage of dental services to adults. At your request, we changed the effective date to April 1, 2007. This SPA is acceptable. Therefore, we are approving SPA 07-02 with an effective date of April 1, 2007.

If you have further questions about this SPA, please contact Jake Hubik at 215-861-4181.

Sincerely,

Ted Gallagher
Acting Associate Regional Administrator

Enclosures

Sr. Deputy Director
MAA

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The Medicare Modernization Act provides several new and important enhancements including a prescription drug benefit and preventive services. For more information, please call the national Medicare information line at 1-800-MEDICARE toll-free or the Philadelphia Regional Office beneficiary hot line at 215-861-4226.

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 07-02	2. STATE DISTRICT OF COLUMBIA
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE February 1, 2007 APRIL 11 AM 12:00 BY DC 3/16/07	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440 (B)		7. FEDERAL BUDGET IMPACT: a. FFY 2007 \$ 8,600,000 b. FFY 2008 \$ 12,900,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 3.1A pp 12, 12A-C Supplement 1 to Attachment 3.1B pp 11, 11A-C Supplement 1 to Attachment 3.1A p 20, 20A-C Supplement 1 to Attachment 3.1B p 19, 19A-C		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 3.1A pp 12 Supplement 1 to Attachment 3.1B pp 11 Supplement 1 to Attachment 3.1A p 20 Supplement 1 to Attachment 3.1B p 19	
10. SUBJECT OF AMENDMENT: EXPANSION OF ADULT COVERED DENTAL SERVICES			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Council Resolution #16-875			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Robert T. Maruca		Mr. Robert T. Maruca Senior Deputy Director, Medical Assistance Administration D.C. Dept. of Health/MAA 825 North Capitol Street, NE Suite 5100 Washington, DC 20002-4210	
14. TITLE: Senior Deputy Director, Medical Assistance Administration			
15. DATE SUBMITTED: December 12, 2006			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/18/06		18. DATE APPROVED: MAR 16 2007	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/07		20. SIGNATURE OF REGIONAL OFFICIAL: Ted Gallagher	
21. TYPED NAME: Ted GALLAGHER		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:			

Reimbursement shall be made according to the fee schedule amount and shall cover all services related to the procedure including physician fee(s), laboratory fee(s) and counseling fee(s).

10. Dental services.

All dental services must be provided consistent with scope of practice authorized pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1202 et seq.) or consistent with the applicable professional practices within the jurisdiction where services are provided.

- A. Dental services for individuals under the age of 21 are covered under EPSDT services. The service descriptions and reimbursement rates are set forth in a fee schedule published in the District of Columbia Municipal Regulations.
- B. Dental services are covered for individuals residing in intermediate care facilities for persons with mental retardation (ICF/MR). The service descriptions and reimbursement rates are set forth in a fee schedule published in the District of Columbia Municipal Regulations.
- C. Dental services for individuals age 21 and over who are not enrolled in the Waiver or residing in an ICFMR are limited to the services set forth below:
 - 1. General dental examinations and routine maintenance cleaning with oral hygiene instruction limited to once every six (6) months.
 - 2. Surgical services and extractions.
 - 3. Emergency care.
 - 4. Fillings.

5. Reline or rebase of a removable denture is limited to two (2) in five (5) years unless there is prior authorization.
6. Complete radiographic survey, full series of X-rays, or panoramic X-ray of the mouth is limited to once every three years. Additional complete radiographic survey, full series of X-rays, or panoramic X-ray of the mouth requires prior authorization.
7. Full mouth debridment.
8. Prophylaxis limited to two times (2) per patient per year.
9. Bitewing series.
10. Palliative treatment.
11. Sealant application.
12. Removable partial and full dentures.
13. Root canal treatment limited to two molars per year.
14. Periodontal scaling and root planing, if:
 - a. evidence of bone loss is present on current radiographs to support the diagnosis of periodontitis;
 - b. there is a current periodontal charting with six point mobility noted, including the presence of pathology and periodontal prognosis;
 - c. the pocket depths are greater than four millimeters; and
 - d. classification of the periodontology case type is in accordance with documentation established by the American Academy of Periodontology.

15. Removal of impacted teeth.
16. Initial placement or replacement of a removable prosthesis (any dental device or appliance replacing one or more missing teeth, including associated structures, if required, that is designed to be removed and reinserted), once every five (5) years per recipient, unless the prosthesis:
 - a. was misplaced, stolen, or damaged due to circumstances beyond the recipient's control;
 - b. cannot be modified or altered to meet the recipient's dental needs.
17. A removable partial prosthesis is covered if:
 - a. the crown to root ratio is better than 1:1;
 - b. the surrounding abutment teeth and the remaining teeth do not have extensive tooth decay; and
 - c. the abutment teeth do not have large restorations or stainless steel crowns.
18. Any dental service that requires inpatient hospitalization must be prior authorized by the State Agency.
19. Elective surgical procedures requiring general anesthesia must be prior authorized by the State Agency.

D. The following dental services for individuals age 21 and over who are not living in an institution are not eligible for payment:

1. Local anesthetic that is used in conjunction with a surgical procedure and billed as a separate procedure.
2. Hygiene aids, including toothbrushes.
3. Medication dispensed by a dentist that a recipient is able to obtain from a pharmacy.
4. Acid etch for a restoration that is billed as a separate procedure.
5. Prosthesis cleaning.
6. Removable unilateral partial denture that is a one-piece cast metal including clasps and teeth.
7. Replacement of a denture when reline or rebase would correct the problem.
8. Duplicative x-rays.
9. Space maintainers.
10. Fixed prosthodontics (bridge), unless it is cost-effective for a recipient who cannot use a removable prosthesis and prior authorization is required.
11. Gold restoration, inlay or onlay, including cast nonprecious and semiprecious metals.
12. Dental services for cosmetic or aesthetic purposes.

- a) All prescriptions for Oxycodone HCl and Aspirin (more commonly known as Percodan), and Flurazepam (more commonly known as dalmane);
- b) Anorexic drugs (amphetamine and amphetamine-like) may be dispensed with prior authorization for the diagnosed conditions of narcolepsy and minimal brain dysfunction in children; and
- c) Any injectable drugs on an ambulatory basis.

B. Dentures

1. Dentures are limited to eligible EPSDT recipients.
2. Initial placement or replacement of a removable prosthesis (any dental device or appliance replacing one or more missing teeth, including associated structures, if required, that is designed to be removed and reinserted) once every five (5) years per recipient, unless the prosthesis:
 - a. was misplaced, stolen, or damaged due to circumstances beyond the recipient's control;
 - b. cannot be modified or altered to meet the recipient's dental needs.
3. Relines are limited to two (2) in five (5) years unless prior authorized.

C. Prosthetic Devices

1. Prosthetic devices are limited to items on the Durable Medical Equipment/ Medical Supplies Procedure Codes and Price List except where prior authorized by the State Agency.
2. Medical supplies and equipment in excess of specific limitations, i.e., cost, rental or lease equipment, or certain procedure codes must be prior authorized by the State Agency.

D. Eyeglasses

1. This item includes lenses required to aid or improve vision with frame when necessary that are prescribed by a physician skilled in diseases of the eye or by an optometrist at the discretion of the patient.
2. Eyeglasses are limited to one complete pair in a twenty-four (24) month period. Exceptions to this policy are:
 - a. Recipients under twenty-one (21) years of age;
 - b. Whenever there is a change in the prescription of more than plus or minus .5 (one half) diopter, and
 - c. Broken or lost eyeglasses.

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